

## **Wage Claim Dispute Results**

**Instructions:** Please print the requested information below and return the complete form to the Chief Counsel of Litigation of the Office of the Attorney General. You may either submit your form electronically to [coo@atg.in.gov](mailto:coo@atg.in.gov) or you may submit your form via US mail or fax to:

Chief Counsel of Litigation  
Office of the Attorney General  
Indiana Government Center South, 5<sup>th</sup> Floor  
402 West Washington Street  
Indianapolis, IN 46204-2770  
Fax: 317-232-7979  
Email: [coo@atg.in.gov](mailto:coo@atg.in.gov)

**Wage Claim # (from DOL):** \_\_\_\_\_

**Claimant's Name:** \_\_\_\_\_

**Claimant's Address:** \_\_\_\_\_

**Attorney's Business Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Attorney's Business Telephone Number:** \_\_\_\_\_

**Attorney's E-mail:** \_\_\_\_\_

**Attorney's Fax:** \_\_\_\_\_

**Employer (Defendant):** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Amount of Claim:** \_\_\_\_\_

**Recovery Amount:** \_\_\_\_\_

**Date of Recovery:** \_\_\_\_\_

**Attorney's Fees Awarded:** \_\_\_\_\_

**Attorney's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_